

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110598

1. Entity Name
HOME HEALTH COMPANIONS, LLC



Principal Place of Business
2967 SOUTH ATLANTIC AVE. #1607
DAYTONA BEACH, FL 32118

Mailing Address
2967 SOUTH ATLANTIC AVE. #1607
DAYTONA BEACH, FL 32118

FILED
Sep 15, 2008 08:00 AM
Secretary of State



09022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0612930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILBER, CYNTHIA LEE
2967 SOUTH ATLANTIC AVE. #1607
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000959743
09/15/08-20005-004 139.75
DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILBER, CYNTHIA L 2967 SOUTH ATLANTIC AVE. #1607 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cynthia Lee Hilber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-10-2008 3862162472

Date

Daytime Phone #